

APPLICATION FOR DESIGNATION AS A CRITICAL ACCESS HOSPITAL (CAH)

1. Eligible Hospitals according to the State Rural Hospital Plan

- 1a. The following is a list of rural hospitals in Washington State that meet the federal Critical Access Hospital Mileage requirement of 35 miles from another hospital or, 15 miles from another hospital if on a secondary road, or in mountainous terrain. All the hospitals on this list are also in possession of a provider's agreement to participate in the Medicare program, and participate in the Washington State Trauma Care System.

☐ Check here if applicant facility is on this list and proceed to question 2.

Hospital Name	Location	County	Trauma Level
Columbia Basin Hospital	Ephrata	Grant	V
Coulee Community Hospital	Grand Coulee	Okanogan	V
Dayton General Hospital	Dayton	Columbia	V
Deer Park Hospital	Deer Park	Spokane	IV
East Adams Rural Hospital	Ritzville	Adams	V
Ferry County Memorial Hospital	Republic	Ferry	V
Forks Community Hospital	Forks	Clallam	IV
Garfield County Memorial Hospital	Pomeroy	Garfield	V
Grays Harbor Community Hospital	Aberdeen	Grays Harbor	III
Island Hospital	Anacortes	Skagit	III
Jefferson General Hospital	Port Townsend	Jefferson	IV
Klickitat Valley Hospital	Goldendale	Klickitat	IV
Lake Chelan Community Hospital	Chelan	Chelan	IV
Lincoln Hospital	Davenport	Lincoln	IV
Mid-Valley Hospital	Omak	Okanogan	IV
Morton General Hospital	Morton	Lewis	IV
Mount Carmel Hospital	Colville	Stevens	IV
Newport Community Hospital	Newport	Pend Oreille	IV
North Valley Hospital	Tonasket	Okanogan	IV
Ocean Beach Hospital	Ilwaco	Pacific	IV
Odessa Memorial Hospital	Odessa	Lincoln	V
Okanogan-Douglas County Hospital	Brewster	Okanogan	IV
Olympic Memorial Hospital	Port Angeles	Clallam	III
Othello Community Hospital	Othello	Adams	V
Quincy Valley Hospital	Quincy	Grant	V
Samaritan Hospital	Moses Lake	Grant	IV
St. John Medical Center	Longview	Cowlitz	III
St. Joseph's Hospital of Chewelah	Chewelah	Stevens	IV

- 1b. The following is a list of rural hospitals in Washington State that meet Washington State criteria as a “Necessary Provider of Health Services,” according to the current State Rural Health Plan. All the hospitals on this list are in possession of a provider’s agreement to participate in the Medicare program and participate in the Washington State Trauma Care System

☐ Check here if applicant facility is on this list and proceed to question 2.

Hospital Name	Location	County	Trauma Level
Affiliated Health Services	Mt. Vernon	Skagit	III
Cascade Medical Center	Leavenworth	Chelan	V
Central Washington Hospital	Wenatchee	Chelan	II
Kittitas Valley Hospital	Ellensburg	Kittitas	IV
Mark Reed Hospital	McCleary	Grays Harbor	V
Mason General Hospital	Shelton	Mason	V
Prosser Memorial Hospital	Prosser	Benton	IV
Providence Centralia Hospital	Centralia	Lewis	IV
Providence Toppenish Hospital	Toppenish	Yakima	IV
Pullman Memorial Hospital	Pullman	Whitman	III
Saint Mary Medical Center	Walla Walla	Walla Walla	II
Sunnyside Community Hospital	Sunnyside	Yakima	III
Skyline Hospital	White Salmon	Klickitat	IV
Tri-State Memorial Hospital	Clarkston	Asotin	IV
Walla Walla General Hospital	Walla Walla	Walla Walla	III

2. Applicant Identifying Information

a) Hospital Name: _____

b) Legal Name of Organization owning/operating facility: _____

c) Mailing Address: _____

City: _____ Zip: _____

d) County: _____

e) Name and Title of Chief Executive Officer:

Name _____

Title _____

f) Telephone Number: _____

g) Premises located at (if different than mailing address):

h) Are you a member of at least one rural health network? ☐ Yes ☐ No

List the types of written network agreements currently in place.

Organization

Clinical or Management Area

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i) Do you have signed written agreements for (check applicable boxes)?

- ☐ Emergency and non-emergency patient referral and transfer;
- ☐ Patient transportation;
- ☐ Development and use of communications systems

3. Federal Requirements for Critical Access Hospital designation

A hospital electing CAH status must meet the following statutory requirements. Please check each that apply:

- ☐ a) Agrees to provide up to 25 inpatient beds that can be used interchangeably for acute or swing level care, provided that not more than 15 beds are used at any one time for acute care. *Note: Facility may have other licensed nursing home beds in the facility, but these will not be under CAH designation.*
- ☐ b) Agrees to make available 24 hour emergency care services, seven days a week regardless of inpatient census with at least one practitioner on duty, or on call at all times and available to the hospital on site within no more than 30 minutes.
- ☐ c) Has established procedure under which a doctor of medicine or osteopathy is immediately available by telephone or radio contact on a 24 hour a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients to the CAH or other appropriate locations for treatment.
- ☐ d) Agrees to maintain staffing levels of at least one registered nurse or licensed practical nurse whenever the facility has at least one acute care patient. *If the facility plans to staff with a licensed practical nurse, they will need to seek an exemption from Washington State hospital licensing rules for staffing.*
- ☐ e) Agrees to limit all inpatient lengths of stay to no more than an annual average of 96 hours, except under the following conditions: inclement weather; or emergency conditions.
- ☐ f) Agrees to remain open at all times when there is at least one acute care patient in the facility. *Note: If the facility anticipates closing when there are no acute care patients in the facility, they will need to seek an exemption from Washington State hospital licensing rules regarding staffing.*
- ☐ g) Agrees to have a signed written agreement for credentialing and quality assurance with another hospital or with a Professional Review Organization.

Credentialing Agreement _____
ORGANIZATION

Quality Assurance Agreement _____
ORGANIZATION

4. **State requirements for Critical Access Hospital designation.** The governing board attests to the following and has attached a board resolution to this application.

- ☐ a) The facility has conducted a financial feasibility study for CAH. (*A financial feasibility study is a data driven assessment of the financial impact of conversion to a Critical Access Hospital accounting for such factors as changes in utilization, services, staffing, and Medicare reimbursement.*)
- ☐ b) The facility agrees to provide information to the State Office of Community and Rural Health for CAH monitoring purposes.
- ☐ c) The facility has conducted Medical Staff planning and education including transition to a CAH.
- ☐ d) The facility has conducted governing board planning and education including transition to a CAH.
- ☐ e) The facility has conducted community planning and education about the transition to a Critical Access Hospital. Community includes others external to the hospital such as business, civic leaders and social service organizations.
- ☐ f) The facility has and will maintain Trauma Service Designation.

5. **Name, title, and signature and date of person submitting application.**

Name _____

Title _____

Signature _____ Date Submitted _____

6. Requested Effective Date of new Critical Access Hospital Provider Number: _____

7. Checklist of required attachments:

- ☐ a) Governing Board Resolution attesting to the following:
 - ☐ Completion of financial feasibility study
 - ☐ Agreement to provide information required for monitoring of CAH
 - ☐ Medical Staff planning and education
 - ☐ Completion of Governing Board planning and education
 - ☐ Completion of Community planning and education
 - ☐ Continuance of Trauma Service Designation
- ☐ b) Letter of financial recommendation from accounting firm
- ☐ c) Approved exemption(s) from hospital rules, if needed

Mail To:

Critical Access Hospital Program Manager
Office of Community and Rural Health
Department of Health
PO Box 47834
Olympia, WA 98504-7834

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Washington State Records Center